UNITED STATES DEPARTMENT OF THE INTERIOR

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6	IF INDIA	M.	A 1 1	ATTEC	OD TRIDE NA

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME = = =
(Do not use this form for proposals to drill as to deserve and the second	
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas well other	Federal 2421 5 252
2. NAME OF OPERATOR	1 हिम्ह ह है।
Dome Petroleum Corp.	10. FIELD CANVILDCAT NAME
3. ADDRESS OF OPERATOR	NIPP Pictured Cuffs
501 Airport Drive, Suite 107, Framington, N.M.	11. SEC., T., R., M., OR BLK. AND SURVEY OR
 LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 	AREA LANGE E LA TA
AT SURFACE: 990' FSL & 790' FEL	Sec. 24-126N-R13W
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE San Juan - New Mexico
AT TOTAL DEPTH:	14. API NO. EEEE E BEEEE
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	AFINO. BARA E ARABA
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6098 G.L.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone
MULTIPLE COMPLETE	change on Form 9-330.) 후 그 후 후 후
CHANGE ZONES	
ABANDON*	
(other) Spud & set surface casing	Zruitsuntan at equillow require to b from some to not be enacto not be enacto o font on the or font on the or font on the
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dir measured and true vertical depths for all markers and zones pertinent 9/5/78 Spudded 9 7/8" hole at 4:30 P.M. Ran 23#, K55, ST&C Casing. Set at 37' K.B cement, 3% CaCl. Plug down at 6:05 P 9/5/78. Circulated cement.	to this work.)* 1 joint (33 -) 7 1 2 3 4 5 5 with 30 SX: Class 3 1 with 30 SX: Class 3 with 30
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	RECEIVED
	CEDÉT É AQ78 5 5 5
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	U. S. GEOLOGICAL SURVEY TO THE TOTAL STATE OF THE SECOND STATE OF
OIL DISK	2
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	the control of the co
SIGNED TITLE	DATE
(This space for Federal or State office	
	# # 7 일 수 / 동국 / 동점 및 국
APPROVED BY TITLE TOTALL CONDITIONS OF APPROVAL, IF ANY:	DATE
	The state of the s
*See Instructions on Reverse Side	CERT A BEE

*See Instructions on Reverse Side

SEP 1 3 1978

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